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12 Selaries, other compensation, and emptoyee benefits 13 Professional fees and other payments to independent contractors 13 250 14 Occupency, rent, utilities, and maintenance 14 1, 500 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 27, 600 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 27, 53: 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Selaries, other compensation, and emptoyee benefits 25 Prioriessional fees and other payments to independent contractors 25 Interview of the payments to independent contractors 26 Interview of the payments to independent contractors 27 Interview of the payments to independent contractors 28 Interview of the payments to independent contractors 29 Interview of the payments to independent contractors 20 Interview of the payments to independent contractors 21 Interview of the payments to independent contractors 22 Interview of the payments to independent contractors 25 Interview of the payments to independent contractors 29 Interview of the payments to independent contractors 20 Interview of the payments to independent contractors 22 Interview of the payments to independent contractors 23 Interview of the payments to independent contractors 25 Interview of the payments to independent contractors 29 Interview of the payments to independent contractors 20 Interview of the payments to independent contractors 21 Interview of the payments to independent contractors 22 Interview of the payments to independent contractors 29 Interview of the payments to independent contractors 20 Interview of the payments to independent contractors 20 Interview of the payments to independent contractor		10	Grants and s	armiter armounts paid (list in Schedule O)		10	
13 Professional fees and other payments to independent contractors 14 Occupency, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 97) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 25 26 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29		11	Benefits paid	to or for members		11	L
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19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 . 21 32,763		17	Total exper	nses. Add lines 10 through 16	<u>. ,</u> ▶	17	29,809
20 Other changes in net assets or fund belances (explain in Schedule O)	_	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)		18	5,229
20 Other changes in net assets or fund belances (explain in Schedule O)	묫	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must agree with			
20 Other changes in net assets or fund belances (explain in Schedule O)	Ą	l	end-of-year	figure reported on prior year's return)			27,533
21 Net assets or fund batenoes at end of year. Combine lines 18 through 20	ş	20	Other chang	es in net assets or fund balances (explain in Schedule O)			
For Paperwork Reduction Act Notice, see the separate instructions.	_	21	Net assets o	r fund belances at end of year. Combine lines 18 through 20	<u></u> ▶	21	32,762
	For	Paper	work Reducti	on Act Notice, see the separate instructions.			Form 990-EZ (2012)

Form 990-E		IBPOR		1)				
Part II.			the instructions for Part II		-			
	Check if	me organization use	ed Schedule O to respon	nd to erry question in this Part I		· · · · · · · · · · · ·	†•	
ma c		d I			(A) B	eginning of year	221	(B) E
	, savings, and and buildings	finvestments .				<u>27,533</u> 0	23	
	_	ribe in Schedule O	· · · · · · · · · · · · · · · · · · ·			0	24	
26 Total:	-		,			27,533	25	
			ile O)			47,333	26	
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Part III				mplishments (see the in			1	Ext
1 410		_		nd to eny question in this Part			(Re	quired fo
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as measur	ned by expen	uses. In a clear and	concise manner, describ	e the services provided, the m			494	7(a)(1)
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Did the organization engage on any agrificant activity not proviously reported to the IPSPT If Yes, "provide a detailed description of social softly in Schodule O. When any agrificant changes make to the organization occurrent?" If Yes, "attach a conformed cocurrents" is Schodule O. When any agrificant changes make to the organization occurrent?" If Yes, "attach a conformed cocurrents" if they reflect a change to the organization for any other provides a change to the organization for any other social for change or Schodule O (see instructions) 3 Del the organization have underland suches a gross encorne of \$1,000 or more during the year from business activities (such a topic and social provides a change to the organization for any other provides activities (such as those reported on these 2.6s, and 7s, smorting others)? 5 Del the "Change size in a section SO(4), 501(e)(5), 501(e)(6),	_	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the		<u>·</u>	40.
Note the organization ergage in any agrifficant activity not proviously reported to the IRSF If "Yes," provide a detailed description of seath activity in Schedule O 33 2 3 3 3 3 3 3 4 4 4 4	PH	TY Utiger information (note the occurrence a safe personal behalf the amount of the Part V			П
30 Did the organization engage in any agrifficant activity not previously reported to the IRS7 If "Yes", "provide a detailed disscription of sects activity in Schadule 0 33 2 4 Were any agrifficant changes mode to the organizating or governing documents? If "Yes", "attach a conformed copy of the armended documents of they remited a change to the organization have copy and the copy of the armended documents of they remited a change to the organization have copy and change on Schadule 0 (see instructions) 34 3 3 3 3 3 3 3 3		instructions for Part V) Creek if the organization used Schedule C to respond to any question in this Tart V	•••	Yes	No
destated description of seach schilly in Scheduls O 4. When any significant changes make to the organization of governing documents? If "Nes", attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see Instructions) 5.5 a Did the organization have unresided business gross microne of \$1,000 or more during the year from business activities (such as those exported on these 0, and 71 a, and of demon?) 5.6 b If "Yes", to the Sos, have the organization file of a Porm Information of the organization in Schedule O 6. Was the organization post part of private of the year of If "Nes", provide an explanation in Schedule O 6. Was the organization scaledop of (s)(4), 50 (s)(5), or 50 (c)(6) organization subject to section 6003(s) produce, reporting, and proving its regularization scaledop of the organization of profitics and scaledop, reporting, and organization scaledop of the organization of profitics and profitics, director, trusted on a scaledop organization profitics, and scaledop organization organization of profitics and profitics, director, trusted on a scaledop organization or	_	Did the construction of the construction of the construction of the COCY H Was a provided to		700	RU
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change on Schedule O (see Instructions) 34	34		1		l
5 a Did the organization here unrelated business gross incurse of \$1,000 or more during the year from business achides (such as those reported on lines 2, 6e, and 7e, among others)? 36a] 1 If Yes, 'to the 35a, has the organization filed a Form 980-1 for the year? If No.' provide an explanation in Schedule 0] 38b If Yes, 'to him 35a, has the organization filed a Form 980-1 for the year? If No.' provide an explanation in Schedule 0] 38b If Yes, 'to the organization and provide the provide of the organization in the organization in the organization in the organization depending the year? If Yes, 'complete's Schedule, C. Part Hill 36c] 50 If the organization interest in the provide application part of Schedule N 36c 37a 37a 37b 37b 37b 37c 37b 37c 37b 37c 37b 37c 3			١]	37
sectives (such as those reported on time 2, 5e, and 7e, among others)? If "Yes," to limp 35e, hee the organization field a Form 90.0 for the year? If "No." provide an explanation in Schedule O E Was the compressation a section 501(c)(4), 501(c)(5), or 501(c)(5) organization autigate to section 6033(a) notice, reporting, and proxy lace requirements during the year? If "Yes," complete Schedule C, Part III \$56 Dot the congratisation increase is adjusted on, section 403(a) notice, reporting, and proxy lace requirements during the year? If "Yes," complete Schedule N 36 37 Einhar amount of political expenditures, direct or included, as described in the instructions b of the organization borrow from, or make any locate, as described in the instructions b of the organization borrow from, or make any locate, as described in the instructions b of the organization borrow from, or make any locate, as described in the instructions b of the organization borrow from, or make any locate, as described in the instructions b of the organization borrow from, or make any locate in a section 4951 in the section 4951 organization for the section 4951 in the			34		X
b If *Yes*, to line 35s, has the organizations led a From 990-T for the year? If *No*, provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization adapted to excellent 9035(e) notice, reporting, and proxy lox requirements during the year? If *Yes*, complete Schedule C, Pert III 36c 37 Enter amount of political expenditures, direct or indirect, as described in the instructions 38 Did the organization for IV-res*, complete schedule or fundation, or significant disposition of net seeses during the year all Post-Post for the Schedule N 38 Did the organization file Form 120-POI. for this year? 38 Did the organization file Form 120-POI. for this year? 38 Did the organization file Form 120-POI. for this year? 38 Did the organization file Form 120-POI. for this year? 38 Did the organization file Form 120-POI. for this year? 38 Did the organization file Form 120-POI. for this year? 38 Did the organization file Form 120-POI. for this year? 39 Dif *Yes*, complete Schedule L- Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter amount of the tax year covered by this return? 39 Section 501(c)(3) organizations. Enter amount of the organization engage in any section 4950 Endos Section 501(c)(3) and 501(c)(4) organizations. Enter amount of that imposed on organization managers or disqualified personal during the year under section 501(c)(3) and 501(c)(4) organizations. Enter amount of that imposed on organization managers or disqualified personal during the year under section 501(c)(3) and 501(c)(4) organizations. Enter amount of that organization in prior year that has not been imposed on 501(c)(3) and 501(c)(4) organizations. Enter amount of that organization in prior year that has not been imposed on 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on the 40c 50 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on the 40c 51 Did the states with which a copy of this return is filed 51 Did the s	35 a			[!	
E. When the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) erganization askipent to section 6053(e) notice, reporting, and proxy late requirements during the year? If "Yes," complete Schedule (2. Pert III)				<u> </u>	X
noporting, and proxy is an equipment of ump the year? If "Yes," complete Scheduch C, Part III 36c 2 Did the organization undergo a liquidation, dissolution, termination, or equilibrant disposition of not assets during the year? If "Yes," complete spaticable parts of Schedule N 37a 37b 36 2 7			35b	 -	—
8 Did the organization undergo a liquidation, dissolution, termination, or eignificant disposition of net assets during the year? If "Yea," complete applicable parts of Schedule N 7 a Enter amount of poblical expenditures, direct or indirect, as described in the Instructions	C				Í
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To a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? B Did the organization file Form 1120-POL for this year? B Did the organization file Form 1120-POL for this year? B Did the organization file Form 1120-POL for this year? B Did the organization file Form 1120-POL for this year? B Did the organization file Form 1120-POL for this year? B Did the organization is prior year and still outstanding at the end of the tax year covered by this return? B Did the organization is a prior year and still outstanding at the end of the tax year covered by this return? B Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 B Gross necepts, included on the 9 to provide use of club facilities B Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under section 4911 B Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, of the items of the organization of the provide schedule. Left 1 C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managems or disquisited persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on the 40c repair and the provide organization organization managems or disquisited persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on the 40c repair and the facility or the facility or the facility organization. Enter amount of tax imposed on organization managems or disquisited persons during the iax year, wes the organization appeal to a prohibited tax shelter transaction? If Yea, organization is a prohibited tax shelter transaction? If Yea, organization is a prohibited tax shelter transaction? If Yea, organization is a prohibited tax sh	36		l	l	
b Dd the organization file Form 1120-POL for this year? a Did the organization borrow from, or make any locars to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outsateding at the end of the tax year covered by this return? 38b b 1° 7° 8° complete Schedule L, Part II and enter the total emount involved 38b Socion 50°((c)(7) organizations. Enter a tribitation fees and capital contributions included on line 9 38a 38b 6 Socion 50°((c)(3) organizations. Enter any of the stax inposed on the organization during the year under section 4911 ▶ section 4951 ▶ section 4955 ▶ Socion 50°((c)(3) and 50°((c)(4) organizations. Did the organization engage in any section 4956 secess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 980 or 980-E27 if "Yes," complete Schedule L, Part I 5 Section 50°((c)(3) and 50°((c)(4) organizations. Firster amound of tax in proceed on organization managers or disqualified persons during the year under sections 40°(2), 4955, and 4956 6 Section 50°((c)(3) and 50°((c)(4) organizations. Firster amound of tax on line 40°C retributives by the organization. All any time during the later, firster amound of tax on line 40°C retributives by the organization. All any time during the later, were well as the states with which a copy of this return is filed 22 a The organization. All any time during the later, were well as the states with which a copy of this return is filed 23 b All organization should are no norm of P CLADURITE BLATIKAD Telephone no. P 909-855-3399 240 b All organization in the foreign country P be see the instructions for exceptions and filling requirements for Form 10 F 90-22.1, Report of Foreign Benk and Financial Accounts. All any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, "order the name of the foreign country." P Section 4947(e)(1) nonexcernpt charact			36	<u> </u>	X
8 a Did the organization borrow from, or make any leans to, any officer, director, fusitive, or key employee or were any such loses made in a prior year and still cubistanding at the end of the tax year covered by this return? 8 if "Yea," complete Schedube I., Part II and orien the total emount involved 9 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 b and the section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 b section 501(c)(4) organizations. Did the organization during the year under section 4911 b section 501(c)(4) organizations. Did the organization during the year under section 4911 b section 501(c)(4) organizations. Did the organization in the section 4915 b section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or dispusitfied persons during the year under sections 4912, 4955, and 4958 8 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on the 40c retinations of the organization and the sections of the organization and the sections 4912, 4955, and 4958 8 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on the 40c retinations of the organizations and the sections of the section of the organization have an interest in or a significant or other authority over a firm or the nativities of the section of	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	1	· .	İ
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Section 501(c)(7) organizations. Enter a Inhibition fless and capital contributions included on tine 9 b Gross recipits, included on thre 9, for public use of club facilities 0 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 \(\rightarrow \) section 4955 \(\rightarrow \) 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 \(\rightarrow \) 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction on any of the prior forms 990 or 990-271 iff "vss," complete Schechte, I. Part 1 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disquisitied persons during the year under sections 4912, 4905, and 4968 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reinhumsed by the organization e All organizations. At any time during the tax year, was the organization a perty to a prohibited tax shelter transaction? If If vcs, "complete Form 9896-T1. List the states with which a copy of this return is filled Located at \(\rightarrow \) 2-6813 PACLIFIC STRIKET BILGHLand, CA Located at \(\rightarrow \) 2-6813 PACLIFIC STRIKET BILGHLand, CA At any time during the calendar year, did the organization have an interest in or a signifure or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 1 **Yes** There the names of the foreign country \(\rightarrow \) See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 4 **A any time during the calendar year, did the organization maintain an office outside of the U.S.? 1 **Yes** There the names of the foreign country: Section 4947(a)(1) nonexempt charactiols trusts filling Form 990-EZ in lieu of		arry such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
initiation fees and capital contributions included on line 9 and 5 Gross receipts, included on line 9, for public use of club facilities 2 as each of 1911 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 c Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or care of the control of tax on line 40c reimbursed by the organization or care of the CLAUDETTE HATMAND Located of # Ze613 PACETEC SERBET Bighland, CA ZIP+4 92346-2487 40e Telephone no. 909-855-5399 10 Located of # Ze613 PACETEC SERBET Bighland, CA ZIP+4 92346-2487 Yes a financial account in a foreign country (such as a benix account, or other financial account)? 10 Later the name of the foreign country: Section 4958 40e 11 Times from 500-EZ 12 A any time during the calendar year, did the organization have an interest in or a signisture or other sufficity over a financial account in a foreign country: Section 497(s)1) nonecompleted interest of the foreign country: Section 497(s)1 in section foreign country: 14 A a Did the organization maintain any donor advised	ь	ff "Yes," complete Schedute L, Part fil and enter the total amount involved	37		
a tritletton fees and capital contributions included on the 9 b Gross receipts, included on the 9; for public use of club facilities 0 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 0 section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 secess benefit transaction during the year, or did it engage in an excess benefit transaction the prior year that has not been reported on any of its prior Forms 990 or 990-EZ7 if "Yes," complete Schecktle I, Part 1 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4985, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization all the the states with which a copy of this return is filed ▶ 2 to The organization's books are on care of ▶ CLAUDENTE MATMARD Telephone no. ▶ 909-855-5399 Located at ▶ 26813 ₱ACTIFIC STERRET BLGDLand, CA ZIP+4 ▶ 92346-2487 b At any time during the calendar year, did the organization have an interest in or a signisture or other authority over a financial account in a foreign country (south as a bank account, securities account, or other financial account)? #If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filting requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. c Al any time during the celendar year, did the organization maintain an office outside of the U.S.? #If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filting requirements for Form 10 Form 1041-Check here and enter the amount of tax-exempt Interest received or accound during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Lift the organization receive any payment for indication	39	Section 501(c)(7) organizations. Enter	7	1	ĺ
b Gross receipts, included on tine 9, for public use of club facilities 0 a Section 501(c)(3) organizations. Eiter amount of tax imposed on the organization during the year under section 4911 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZ7 if 1"yes, "organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZ if it 1"yes, "organization in managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Einter amount of tax on line 40c relimburised by the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Einter amount of tax on line 40c relimburised by the organization with the following the tax year, was the organization a party to a prohibited tax shetter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filled 12 a The organization's books are in care of CLAUDETTE HATMARD Telephone no. 209-955-5399 Loosted at 2613 PACTITIC STREET Bighland, CA ZIP+4 92346-2487 b At any time during the calendar year, did the organization have an interest in or a signisture or other euthority over 425 if "Yes," enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S ? 426 43 Yes 44a 10id the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b 45 46c 47es 47es	8		١, ١	ł	i
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b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 980-EZ? If "Yes," complete 5 checkhole I, Part I 40b comparization managers or disquasitioning the year under sections 4912, 4955, and 4955 discition 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disquasition between 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All organizations All any time during the tax year, was the organization a party to a prohibited tax shefter transaction? If "Yes," complete Form 8886-T 40e 2 at the organization's books are in care of the CLAUDETTS HATRARD Telephone no. 209-855-5399 Located at \$2.6813 PACETTC STREAT BIGHLAND, CA. 21P+4 9 92346-2487 b At any time during the calendar year, did the organization have an interest in or a signisture or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 425			1		i
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Part VI	Section 501(c)(3) organizations All Section 501(c)(3) organizations		ons 47-49b and 52.	and complete the	ables for I	ines	
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	Check if the organization used Sci	hedule O to respond	to any question in t	his Part VI			\Box
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	organization engage in lobbying activities or t						
•	f "Yes," complete Schedule C, Part II			• • • • • • • • • • • •	47		├
	organization a school as described in section 1			• • • • • • • • • • •	48	ļ	├
	organization make any transfers to an examp			· · · · · · · · · · · · ·	49a	<u> </u>	┡
	was the related organization a section 527 o	_			<u>49b</u>	<u> </u>	L.
	ete this table for the organization's five highest			-			
employ	vees) who each received more than \$100,000	of compansation from the o	organization. If there is no	ne, enter "None."			
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	ich Estima	ted eac	unt e
	paid more than \$100,000	hours per week	compensation	benefit plans, and deferre		ompens	
	part more than 4 100,000	devoted to position	(Forms W-2/1099-MISC)	compensation	⊥		
					1		
		<u> </u>		L	<u> </u>		
				1			
		<u> </u>	L	L			
		}					
			ł	ł	1		
		 			 		
]	i .		
1 Compl	number of other employees paid over \$100,000 sets this table for the organization's five highest 100 of compensation from the organization. If	compensated independent		ceived more than			
	and address of each independent contractor paid mo		(b) Type of serv	ice	(c) Compense	tion	
				*			
		·					_
		 					
							_
			<u> </u>				
	number of other independent contractors each	-					
	e organization complete Schedule A? Note:					1378	
	empt charitable trusts must attach a completer					<u> </u>	No
	s of perjury, I declare that I have examined this retu				and belief, it is		
e, correct. a	and complete Declaration of preparer (other than of	licer) is based on all information	n of which preparer has any I	nowledge			
_	Al Reches NA	-e2 X 3800		<u> </u>	3		
ign	Signature of ordina	~~~~~		Date (~ -	- •		
lere	SYLVIA JACKSON, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Propurer's signature	Date /	Check X If	PTIN		
ald	RATHY FOX	Kotten to	X 07-16-20:		P002336	15	
reparer	Firm's name > KATHY FOX	\sim	·	Fitm's EiN			
se Only	Firm's address 3516 BARREL RACE	COURT					
	North Las Vegas I			Phone no. 702	-334~1593		
av the IRS	discuss this return with the preparer shown at		• • • • • • • •	1		. X	No
EA					Form 9		_
						~~ ~~	·

SCHEDULE O (Form 980 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 980 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Internal Revenue Service IBPORM/DAUGHTERS OF PACIFIC STATES 94-1453056 01. Description of other revenue (Part I, line 8) AMOUNT DESCRIPTION RETURNED CHECK FEE 02. Description of other expenses (Part I, line 16) AMOUNT 860 PETTY CASH 18 RETURNED CHECKS 179 COMPRESSE EXPENSES 20,027 DOMATIONS 3,632 1,210 DUBS 742 SUPPLIES TRAVEL 1,000

### APPOEW/DAUGHTERS OF PACIFIC STATES 94-1453056 CHECKING ACCOUNT ###################################	990	Overflow Statement		2012 Page 1
CHECKING ACCOUNT BESCRIPTION ABSCRIPTION ASSETS BESCRIPTION ASSETS BESCRIPTION ASSETS BESCRIPTION ASSETS BESCRIPTION BESCRIPTION ASSETS A	me(s) as shown on return			FEIN
Amount HECKING ACCOUNT \$ 19,084 0 88-7600610 5,014 0 88-7600790 Total: \$ 27,533 ASSETS BESCRIPTION AMOUNT HECKING ACCOUNT \$ 24,308 0 88-7600610 5,021 0 88-7600790 3,433	BPOEW/DAUGHTERS OF_	PACIFIC STATES		<u> </u>
ASSETS ASSETS		CHECKING ACCOUNT		
ASSETS ASSETS ASSETS ASSETS ASSETS ASSETS ASSETS ASSETS ASSETS ASSETS ASSETS ASSETS ASSETS ASSETS ASSETS ASSETS ARROUNT \$ 24,308 0 88-7600610 0 88-7600790 3 3,433	escription			
ASSETS				\$ 19,084 5,014
ASSETS BESCRIPTION AMOUNT HECKING ACCOUNT \$ 24,308 D 88-7600610 5,021 D 88-7600790 3,433	D 88-7600790		Total.	3,435
Amount HECKING ACCOUNT \$ 24,308 D 88-7600610 5,021 D 88-7600790 3,433			TOTAL:	\$ 41,533
HECKING ACCOUNT \$ 24,308 D 88-7600610 5,021 D 88-7600790 3,433		ASSETS		
D 88-7600610 5,021 D 88-7600790 3,433	escription			
D 88-7600790 3,433	HECKING ACCOUNT			
Total: \$ 32,762	D 88-7600790			3,433
			Total:	\$ 32,762